

MEDICAL ASSISTANCE PROGRAM
 MEDICAID SEPARATE DETERMINATION
 785 ATLANTIC AVENUE 5TH FLOOR
 BROOKLYN, NY 11238

NOTICE OF DECISION ON YOUR
 MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
 EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
 CON SU TRABAJADOR(A).

PROGRAM CODE = 568

NOTICE NUMBER: N0764Z1387		DATE: March 14, 2018		CASE NUMBER: 008977447F	
OFFICE 568	UNIT	WORKER FHB TG	UNIT OR WORKER NAME MA SEPARATE DETERMINATION		TELEPHONE NO. 888-692-6116

AGENCY TELEPHONE NUMBERS		CASE NAME / AND ADDRESS ANTWI BEVERLY 2240 E TREMONT AVE, 7D BRONX, NY 10462
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	718-557-1399	
OR Agency Conference	718-637-2426	
Fair Hearing information and assistance	718-637-2426	
Record Access	718-637-2425	
Child/Teen Health Plan	718-557-1399	

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

MEDICAL ASSISTANCE

We have accepted your Medicaid application dated January 22, 2018 for all Medicaid covered care and services effective January 1, 2018 for:

Name

BEVERLY D. ANTWI

Client I. D. #

UG47683D

Please review the Medical Assistance Utilization Threshold Information, found in the Medical Assistance section of the booklet, "LDSS-4148B: What You Should Know About Social Services Programs." The information explains any services limitations. The LDSS-4148B was given to you when you applied for assistance.

If you submitted paid medical bills for direct reimbursement, you will be notified separately of our decision.

This decision is based on Section 366 (1)(b) of the Social Services Law.

① STALKER mentality.

② A preoccupation with my exact info

1331

01D037

CONTINUED ON THE NEXT PAGE ...

③ A diabolical form of white collar crime (but all delusional inference)

See the New York State Department of Health web site for a copy of this notice:
www.health.state.ny.us.

1. For more privacy information, to make a request or to report a privacy problem/complaint*, please contact the Medicaid Help Line Office at: (518) 486-9057 or 1-800-541-2831. TTY users should call 1-800-662-1220. The Help Line will direct your calls to the correct state and local department of social services office.

2. You may also report a complaint* to: The Office for Civil Rights, Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278; (Telephone) (212) 264-3313 or 1-800-368-1019; (Fax) (212) 264-3039; or (TDD) (212) 264-2355.

* You will not be penalized for filing a complaint.

If we change the information in this notice, we will send you a new notice and post a new notice on the New York State Department of Health web site.

Application
process
takes
a
month

Jan 22nd

I WAS HOSPITALIZED
Dec. 16th

How do I know?

m-l ILP Interview
(Independent living plan) 15th of
Dec.
(2017)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

The New York Medicaid program must tell you how we use, share, and protect your health information. The New York Medicaid program includes regular Medicaid, Medicaid Managed Care, and Family Health Plus. The program is administered by the New York State Department of Health and the Local Departments of Social Services.

Your Health Information is Private.

We are required to keep your information private, share your information only when we need to, and follow the privacy practices in this notice. We must make special efforts to protect the names of people who get HIV/AIDS or drug and alcohol services.

We are required to notify you should a breach of your information occur.

What Health Information Does the New York Medicaid Program Have?

When you applied for Medicaid or Family Health Plus, you may have provided us with information about your health. When your doctors, clinics, hospitals, Medicaid managed care plans and Medicaid Advantage and other health care providers send in claims for payment, we also get information about your health, treatments and medications.

If you enrolled in Child Health Plus, the New York Medicaid program does not have your health information. You should contact your Child Health Plus plan with questions about your health information.

How Does the New York Medicaid Program Use and Share Your Health Information?

We must share your health information when:

- o You or your representative requests your health information.
- o Government agencies request the information as allowed by law such as audits.
- o The law requires us to share your information.

In your Medicaid application, you gave the New York Medicaid program the right to use and share your health information to pay for your health care and operate the program. For example, we use and share your information to:

- o Pay your doctor, hospital, and/or other health care provider bills.
- o Make sure you receive quality health care and that all the rules and laws have been followed.

We may review your health information to:

- o Determine whether you received the correct medical procedure or health care equipment.
- o Contact you about important medical information or changes in your health benefits.
- o Make sure you are enrolled in the right health program.
- o Collect payment from other insurance companies.
- o Determine eligibility in Medicare Part D or other insurance program that might be more economical to you.

We may also use and share your health information under limited circumstances to:

- o Study health care. We may look at the health information of many consumers to find ways to provide better health care.
- o Prevent or respond to serious health or safety problems for you or your community as allowed by federal and state law.

We must have your written permission to use or share your health information for any purpose not mentioned in this notice.

What Are Your Rights?

You or your representative have the right to:

- o Get a paper copy of this notice.
- o See or get a copy of your health information. If your request is denied, you have the right to review the denial.
- o Ask to change your health information. We will look at all requests, but cannot change bills sent by your doctor, clinic, hospital or other health care provider.
- o Ask to limit how we use and share your information. We will look at all requests, but do not have to agree to do what you ask.
- o Ask us to contact you regarding your health information in different ways (for example, you can ask us to send your mail to a different address).
- o Ask for special forms that you sign permitting us to share your health information with whomever you choose. You can take back your permission at any time, as long as the information has not already been shared.
- o Get a list of those who received your health information. This list will not include health information requested by you or your representative, information used to operate the New York Medicaid program or information given out for law enforcement purposes.

When you call, please tell the worker the number of this notice which is **N0764Z1387.**

OR FAX: Send a copy of this notice to fax no. (518) 473-6735.

OR ONLINE: Complete the online request form at:
<http://www.otda.ny.gov/oah/forms.asp>

OR WALK-IN: Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

LEGAL SERVICES NYC-BRONX, 349 EAST 149TH STREET, 10TH FLOOR, BRONX, NY 10451

Telephone: (917) 661-4500

THE LEGAL AID SOCIETY, 953 SOUTHERN BOULEVARD, BRONX, NY 10459

Telephone: (718) 991-4500

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 637-2425, or FAX (718) 722-7565 or write to **Medicaid Fair Hearing Division, Rivera Liaison, 111 Livingston Street, 4th Floor, Brooklyn, New York 11201.** If you want copies of your documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

Send this "Request for a Fair Hearing" to:

**The Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, New York 12201**



CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

1. Ask for a meeting (conference) with one of our supervisors; and
2. Ask for a State fair hearing with a State hearing officer.

AVAILABILITY OF POLICY MATERIALS

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing.

If you call or write to us, we will also make available to you without charge specific policy materials necessary for you to decide whether to request a fair hearing or to prepare for the hearing. Policy materials that may be available to you include documents such as: Administrative Directives, General Information System messages, Informational Letters, portions of the Medicaid Reference Guide, Department of Health Medicaid Update newsletters and Local Commissioner Memorandums.

To ask for specific policy materials, documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front of this notice or write us at the address printed at the top of the front of this notice.

If you want free copies of specific policy materials or documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, please call us at 718-637-2426, write to us at Medicaid Program, Conference Unit, 111 Livingston Street, 4th Floor, Brooklyn, New York 11201 to arrange a meeting. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you ask for a fair hearing. This is not the way to request a fair hearing. If you ask for a conference, you are still entitled to a fair hearing.

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by **May 13, 2018**. This is the deadline even if you asked for a meeting (conference) with us.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Name : ANTWI BEVERLY
Address : 2240 E TREMONT AVE, 7D
BRONX, NY 10462

District/Office No: 66/568
Notice No. : N0764Z1387
Case Number: 008977447F
Telephone :

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



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